



# Massachusetts Board of Registration in Nursing Board News...

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The mission of the Board of Registration in Nursing is to *lead* in the protection of the *health, safety and welfare* of the citizens of the Commonwealth through the fair and consistent application of the statutes & regulations governing nursing practice & nursing education

## Board Members

Diane Hanley, RN  
*Chair*  
Sheila Kaiser, RN/NA  
*Vice-Chair*  
Janet Sweeny Rico,  
RN/NP  
*Parliamentarian*  
Laurie Hartigan, LPN  
Donna Lampman, RN  
Ann Montminy, RN  
Paulette Remijan,  
RN/NP  
Maura Flynn, LPN/RN  
Mary Jean Roy, RN  
David Seaver, R.Ph, JD  
Philip Waithe, RN

## What's New...?

**New Regulations are in Effect:** Effective August 11, 2006, the Massachusetts Board of Registration in Nursing implemented revised licensure requirements for nurses educated in a nursing education program located in a U.S. Territory or other jurisdiction whose language of instruction or textbooks, or both, was not English. The new requirements are summarized below.

English proficiency at 244 CMR 8.02(1)(c), 8.03(1)(c), and 8.04(1)(c), (2)(d) and (3)(d)

A nurse who is a graduate of a nursing education program located in a U. S. Territory (American Samoa, Guam, Puerto Rico, the Northern Mariana Islands, and the U. S. Virgin Islands) or other jurisdiction whose language of instruction or textbooks, or both, was not English must now demonstrate English proficiency. This requirement applies to an applicant for licensure as a Registered Nurse (RN) or Practical Nurse (PN) by examination or by reciprocity. The Board will accept one of the following - submitted at the time of application - as satisfactory proof of English proficiency:

### Test of English as a Foreign Language (TOEFL)

Required minimum score:

- Paper administration: 550
- Computer-based: 213
- Internet-based: 79/80
- Commission on Graduates of Foreign Nursing Schools (CGFNS) Qualifying Examination Certificate issued before July 15, 1998.

### Credentials evaluation at 244 CMR 8.04(1)(b) and (2)(b)

A nurse who is a graduate of a nursing education program located outside the U. S. and its Territories (provided the nursing board or corresponding body within the U.S. Territory is a member of the National Council of State Boards of Nursing), licensed by examination (NCLEX or SBTPE) in the U.S., and who is applying for licensure as an RN or PN by reciprocity only is no longer required to provide a credentials evaluation completed by the Commission on Graduates of Foreign Nursing Schools (CGFNS) or a CGFNS Qualifying Examination Certificate to demonstrate graduation from a Board-approved nursing education program.

The Board will now accept satisfactory proof of the applicant's licensure by examination in another state, the District of Columbia, or a U.S. Territory as evidence of the applicant's graduation from a Board-approved nursing education program. However, Board regulations at 244 CMR 8.04(1)(c), (2)(d) and (3)(d) will continue to require a reciprocity applicant to provide proof satisfactory to the Board of English proficiency if the applicant is a graduate of a nursing education program whose language of instruction or textbooks, or both, was not English. The Board will accept one of the following - submitted at the time of

application - as satisfactory proof of English proficiency:

- Test of English as a Foreign Language (TOEFL)
- Required minimum score:
  - Paper administration: 550
  - Computer-based: 213
  - Internet-based: 79/80
- A CGFNS Qualifying Examination Certificate issued before July 15, 1998.

**The Board bids farewell:** The Board sends best wishes to its Consumer Member, Sal Porras who resigned from Board service in September. Appointed in September 2004, by Governor Romney, Sal always brought the consumer perspective to the deliberations in addition to a delightful presence at the Board meetings.

**Gino Chisari is Elected:** The Board is pleased to announce that Gino Chisari, Nursing Practice Coordinator was elected to the Board of Directors of the National Council of State Boards of Nursing (NCSBN) during NCSBN's annual meeting held in Salt Lake City during August 2006. Elected by delegates representing 56 of the 59 member boards from across the United States and four U.S. territories, Gino will serve as a Director-at-Large on the nine-member board which conducts much of the business for this not-for-profit organization. He previously served as Chairperson of two strategic NCSBN committees: Practice, Regulation and Education, providing oversight of nursing practice, education and regulation related issues, and Nominations.

**Medical Spa Task Force:** In June 2006, the Massachusetts Legislature passed Chapter 81 of the Acts of 2006, which requires the Board of Registration in Medicine to convene a task force to report and draft standards and regulations with regard to medical spas and the use of related procedures such as microdermabrasion techniques, laser procedures, and chemical peels. As part of the Act, the task force is to consist of two representatives from the Board of Registration in Cosmetology, two representatives from the Board of Registration in Nursing, and one representative from the Massachusetts State Senate and one representative from the House of Representatives, among others. The Board of Registration in Medicine will also be appointing seven other individuals, one of whom must be a licensed registered nurse and one who must be a licensed dermatologist. At its regularly scheduled board meeting on August 9, 2006, the Board, by consensus appointed Gino Chisari, RN, MSN, Nursing Practice Coordinator and Barbara Kellman, MSW, JD, Board Counsel as the Board of Registration in Nursing representatives.

**October is Medication Safety Month:** To promote patient safety, the Massachusetts Coalition for the Prevention of Medical Errors has created a patient medication list that patients and their families can carry with them to medical appointments. The initiative is designed to ensure a safer experience with the health care system by involving and informing patients and families about their medications. "Everyone has a role in patient safety" and "everyone will benefit from its success" are the principles behind this innovative project. In this plan medication safety is defined to mean that the patient and family will receive the medication prescribed at the right time and in the right way. Creating collaboration among the patient and the nurse, doctor, pharmacist and other health care providers is believed to bring about greater incidences of safely administered medications. To view and download more information including the **MED LIST**, go to:  
<http://www.macoalition.org/Initiatives/AmbulatoryMeds.shtml>

## Board Member Profiles

### Board Members

**Janet Sweeney Rico, RN, NP** is certified in both family practice and geriatrics. Serving on the Board as the Bachelor or Higher Degree representative, Janet was appointed in September 2004 and recently elected by her peers to be the Board parliamentarian. Employed by Simmons College in Boston, Janet is Clinical Assistant Professor and Level Coordinator for the Direct-Entry Nursing Program. Janet also maintains her clinical practice at Boston Medical Center in the Emergency Department. Janet recently commented, "I sought appointment on the Board of Nursing for many reasons. The most important reason was that I want to be more involved in improving the quality of nursing care and the numbers of nurses in the state. I also want to help improve nursing's visibility and the public understanding of our role in healthcare. I am very interested in health policy and the impact of system changes on nursing practice."

**Paulette Remijan, RN, NP** was appointed to Board in November 2004. Paulette holds two positions, one as an Adult Nurse Practitioner for CompreCare, Occupational Health Clinic at Harrington Memorial Hospital in Southbridge, and as Assistant Professor of Nursing at Anna Maria College in Paxton. Being a member of the Board for Paulette means that it provides her with a unique opportunity to develop public policy that protects the healthcare consumers of Massachusetts and increases access to care. In serving as a Board member she states, "I hope to develop a mutually positive relationship, a 'give and take' situation. I will give to the board my contribution that reflects years of nursing experience as an RN, a Nurse Practitioner and an Assistant Nursing Professor." The "take" part is described as, "given and respectively received through the routine working of the Board meetings as well as the on-going collaboration and interaction with the Executive Director, members and staff." Paulette wishes to thank Governor Mitt Romney for appointing her to the Board. She appreciates the constant support provided by the Executive Director and staff.

### From the Board Chair

#### **Diane Hanley, MS, RN - Chair, Board of Registration in Nursing**

As I write this, it is a rainy and grey day and it makes me feel that summer is truly coming to its end. By the time you read this, the kids will have been back to school for a month; the younger ones are planning their Halloween costumes, two signs that it is really fall. Fall reminds me of leaves turning brilliant colors, apple picking, football games, gaining that much appreciated hour of sleep, and of course the annual flu shot!

As nurses we do much to keep our communities healthy. Our schools are communities in which, as a nurse and certainly as a mother, I appreciate having nurses present. Five days a week our colleagues perform with great autonomy, expert clinical skills and with an understanding of complex emotional and developmental needs of each individual child. I'm often awed by the level of commitment the school nurse makes to the health, safety and welfare of our children. The next time you are visiting your child's school for a meeting or other annual event, do stop and chat with the school nurse. You too will be impressed with the vast amounts of health promotion/health maintenance activities with which school nurses are involved.

As a Board we continually think about ways to improve the public health, safety and welfare through regulations and the implementation of the highest standard of practice. Recently I have begun to think about public protection and the role

of the nursing profession in the context of a health promotion/health maintenance responsibility. I think regulation is a different form of health promotion/health maintenance and one that yields multiple benefits for all of us as citizens. Over the coming months I will be leading discussions at the Board meetings on how best to further our strategies to bring the Board's goals to fruition, and I welcome your input. Our topics will include, but will certainly not be limited to: the nursing workforce in Massachusetts, increasing the pool of qualified nursing faculty, preparing for a public health emergency, revising the regulations governing the Advanced Practice Registered Nurse, and examining and analyzing nursing errors.

This certainly is not an inclusive list, and the more I think about it, the more I add to it. I am interested, as is the entire Board, in knowing what the important regulatory issues are to you. Please feel free to contact me, care of the Board office at 239 Causeway Street, Boston, MA. 02114, and remember the Board meetings are open to you and your colleagues. I hope to see you there.

## **From the Board Executive Director**

**Rula Harb, MSN, RN - Executive Director**

I recently had the pleasure of attending the Annual Meeting of the National Council of State Board of Nursing (NCSBN), accompanied by Board Chair, Diane Hanley and Gino Chisari. We had the opportunity to connect with our colleagues from around the country and participate in discussions and debates on the issues we all share. The concern at the top of everyone's list is how to increase the supply of qualified nurses. We know that much has been done both locally and nationally, and I'm happy to report that here in Massachusetts we are seeing a steady increase in the admissions, enrollment and graduation rates from our 61 approved nursing programs.

It has not been easy for the nursing education programs to increase admissions, and both the Board and I commend program administrators and faculty for the innovative methods they are using to confront this challenge. Unfortunately, this cannot continue indefinitely. It is not a secret that faculty is aging, retiring, or have to practice in clinical rather than academic settings. Programs are facing difficulty in securing clinical placements and the physical space necessary to accommodate large numbers of nursing students is at premium in many of our educational facilities.

Fortunately, these issues are being addressed by several coordinated efforts statewide, and I believe that the outcomes of these efforts will help decrease the growing burden on the education system. And yet, much more needs to be done. My question is how can we, as Massachusetts nurses, help in dealing with the issues we face today and, at the same time, be prepared to act as new challenges arise. The answer lies in our ongoing commitment to be engaged in collaborative projects with practice, education, and the healthcare consumer.

At the NCSBN Annual Meeting we had the opportunity to attend a presentation, "Planning Under Uncertainty", by Roch Parayre, PhD, Managing Director of Decision Strategies International. Dr. Parayre discussed a strategic model for facing an uncertain future which has applications for nursing as we seek to find ways to confront the nursing shortage. The model includes developing multiple future scenarios (embracing uncertainty), developing a strategic vision (balancing commitment and flexibility), monitoring the situation in real time, and adjusting dynamically as strategic options are being implemented. I am grounded in practicality and found this model interesting, simple and a good tool to use in, planning for the future, explicitly recognizing where the external world may be going.

We may not be able to prevent uncertainty, but we may be able to lessen its impact on nursing. Perhaps with all of nursing looking at the future healthcare scenarios together, and utilizing our collective experience to create nimble strategies, we will be able to sculpt the future of the profession and profit from uncertainty.

## **From the Nursing Education Coordinator**

**Judith Pelletier, RN, MSN - Nursing Education Coordinator**

The Board is pleased to announce that Judie Pelletier has been appointed to the Item Review Subcommittee for the National Council of State Boards of Nursing (NCSBN). The Item Review Subcommittee is appointed by the NCSBN Board of Directors and is accountable to the Exam Committee of NCSBN. The item reviewers review items that are created by item writers. Item reviewing sessions for the NCLEX-RN ® and NCLEX-PN ® examinations are ongoing throughout the year. Each session lasts from three to five days.

At a typical session, the item reviewers:

- Review each new test item for:
  - Content accuracy;
  - Currency;
  - Verification of correct answer;
  - Job relatedness and appropriateness for entry level; and
  - Appropriate link to test plan.
- Review each new item and recommend approval, deletion, or refer for revision.
- Review pool items every four years and recommend approval, deletion, or refer for revision.
- Review items identified by Member Boards as not representing entry-level nursing practice.

## **From the Nursing Practice Coordinator**

**Gino Chisari, RN, MSN - Nursing Practice Coordinator**

At their September 13, 2006 meeting, the Board Members received a report from the 244 CMR 4.00 Task Force. The regulations at 244 CMR 4.00 are those that govern the Advanced Practice Registered Nurse (APRN), last promulgated in the early 1990's. The Board authorized in September 2005 a task force to review the regulations and make recommendations. The report was presented, discussed and accepted by the Board.

To read the full report, go to: [www.mass.gov/dph/boards/rn](http://www.mass.gov/dph/boards/rn) > Nursing Practice > 244 CMR 4.00 Task Force Report. The Board is inviting comments on these recommendations from the interested APRN shareholder community. To submit your comments please be sure to include your name, license status as appropriate (*not your license number*), address, email address, and send them to Gino Chisari, Nursing Practice Coordinator, 239 Causeway Street, Boston, MA 02114 or email at: [r.gino.chisari@massmail.state.ma.us](mailto:r.gino.chisari@massmail.state.ma.us) .

Please be sure to stay tuned for more information as it becomes available, and submit your comments no later than *November 29, 2006*. Your opinion matters

very much, and the Board welcomes your input.

## **From the SARP Coordinator**

**Doug McLellan, RN, M.Ed**

**Tim McCarthy, LMHC, LADC-1**

Weekly attendance at Professional Support Groups is an essential component of every nurse's Substance Abuse Rehabilitation Program (SARP) treatment contract. Professional support groups for nurses and other allied health professionals operate on the caduceus-model. These groups were first established in the 1980's as support and aftercare for nurses and other healthcare professionals who completed specialized substance abuse treatment programs. Formats of the groups may differ but the goal of providing an environment for professional sharing remains the same.

The Professional group is run as a *support* not a therapy group. For this reason, it is the appropriate setting for the recovering nurse to talk about how his/her addiction has affected his/her life and profession. Unlike traditional support group meetings, professional support groups are restricted to healthcare and mental health professionals so that the participant can reveal details of his/her addiction in a safe and understanding environment.

Other components of the nurse's treatment contract may change over the five years of the SARP contract, but weekly attendance at the Professional Group does not. It is considered invaluable to the fabric of the participant's recovery program; all graduating participants are encouraged to utilize the group as aftercare. SARP believes attendance at these specialized meetings provides continuity for ongoing sobriety achieved during the program. It has been reported that SARP graduates who experience relapse, usually identify attendance at the Professional Support Group as one of the first recovery activities they let slip away from their sustained recovery plan.

## **From Board Counsel**

**Barbara Kellman, JD, MSW - Board Counsel**

The Board office occasionally receives complaints from a nurse about the amount of third class mail he/she receives from a variety of businesses which seem to be targeting nurses. The nurse calls wishing to have her/his name "*removed*" from the "*mailing list*" or demanding that the Board "*no longer sell*" the names and addresses of the nurses in the Commonwealth.

This is a reminder that when the names and addresses of nurses are provided by the Board, they are being provided in response to a request under the Massachusetts Public Records Law. This law does not permit the Board to "*remove*" a licensee from a list sent out in response to an appropriate request for public records information. And, it is important to note that the Board is by no means "*selling*" lists or making money when it provides this information. Rather, as a custodian of public records, the Board is assessing reasonable charges for providing the records pursuant to the law, such as the cost of processing the request, the disc and postage.

The purpose of the Massachusetts Public Records Law is to ensure that public information is readily available to any person who requests it, unless the information is specifically exempted by law. Information regarding professionals licensed by the Commonwealth is not exempted from the law. This allows the public to learn about professionals from whom they are receiving services. The law does not distinguish among people or entities requesting public information



nor does it require that the requestor provide information about the purpose of the request.

In case you would like to look further at these issues, the Public Records Law can be found at Massachusetts General Laws, chapter 4, sec. 7 and chapter 66, sec. 10. See also 950 Code of Massachusetts Regulations (CMR) 32.00. Pursuant to the statutes and regulations, the following public information about active licensees and five years of non-current licensees is available in electronic form: Board Code; License Type; License Number; Licensee Name; Licensee Mailing Address; License Issue Date; License Expiration Date; and License Status. Further information on the Request for Public Information Form is available on the Board's website: [www.mass.gov/dhp/boards/rn](http://www.mass.gov/dhp/boards/rn).

## **From NCSBN**

NCSBN recognizes the importance of evidence-based policy and the need for Member Boards to have data to develop legislation and policies. Acknowledging this, NCSBN is establishing a grant program that will provide funding to investigators wishing to promote the mission and vision of NCSBN. As regulation is a science advanced through inquiry, investigators in both the United States and abroad may submit proposals for the funding of projects that will advance nursing regulation and build this expertise worldwide. The establishment of this program sets new standards of excellence for the organization and indicates its commitment to the future of nursing regulation. Substantial evidence now exists that policies and legislation based on scientific data produce better outcomes, have a greater longevity, are more cost-effective and elicit a more profound impact on the targeted population. Research of this type is needed to assist boards of nursing in the work of regulation. Many organizations including the Institute of Medicine (2006) recommend the elimination of extemporaneous policies and encourage federal agencies and other policy-making institutions to be guided by evidence-based standards.

Although a productive research program already exists within NCSBN, expanding the opportunities for research to the membership as well as to external individuals and organizations allows for growth in the number of projects, decreases the time frame in which projects can be initiated and increases the diversity of ideas that can be explored. The program will first and foremost benefit Member Boards by providing funding to those who wish to examine a specific research question within their own state, but may be unable due to the lack of financial or human resources. Secondly, new knowledge expands the potential of the entire organization and data generated by Member Boards or external investigators will augment the work of all state boards of nursing. Whether a state board completes a research project or makes use of the data and results generated by others, this program will serve all members of NCSBN and ultimately evidence-based regulation will benefit all nurses in the U.S.

This program also helps fulfill NCSBN's vision to build regulatory expertise worldwide. The globalization of nursing warrants regulators to take an international perspective and become informed about issues facing nurses in other parts of the world and thus investigators from around the world wishing to study regulatory issues are encouraged to apply for funding. Click here for the NCSBN Center for Regulatory Excellence Grant Program Brochure.

## **Question of the Month**

**Q:** One of the nursing assistants that I work with is talking about going to

nursing school and asked where she can find current information about Board approved nursing programs.

A: Massachusetts General Law Chapter 112, section 81A, authorizes the Board to establish regulations (i.e. standards) for the approval of nursing education programs that prepare graduates for initial nurse licensure. The Board also monitors each approved program's compliance with the established standards to ensure that program graduates are prepared to practice nursing safely. The Board's regulations for the approval of nursing education programs can be found at 244 CMR 6.00: The most update to information on Board approved nursing education programs is available at:

<http://www.mass.gov/Eeohhs2/docs/dph/quality/boards/rnnecpro.rtf>

## **Important Information**

In order to fulfill its public protection responsibilities the Board posts all of its disciplinary actions since January 2005 on the Board's website on a monthly basis. This posting may be found at: [www.mass.gov/dph/boards/rn](http://www.mass.gov/dph/boards/rn) , link to Complaint Resolution, then click on Disciplinary Action. Please note carefully that the current status of any nurse's Massachusetts nursing license should be verified by going to the "[Check a License](#)" link on the Board's homepage, which is listed under "Online Services."

For definitions of the disciplinary actions taken by the Board view the Board regulation at [244 Code of Massachusetts Regulations 7.04](#).

### **Reminder!**

The next edition of the Board's electronic newsletter is January 2007.